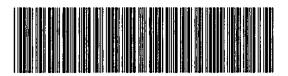
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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2017 MAR 27 PH 2: 50
SECRETARY OF STATE
ALL AHASSEFF FLORIDA

K. SALY MAR 2 9 2017

COVER LETTÉR

TO: Registration Section

INHS18 (2/14)

Divis	sion of Corporations					
SUBJECT:	MIAMI ENVIRONMENTAL & CIVIL ENGINEERING, LLC					
Name of Limited Liability Company						
Dear Sir or M	1adam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return	all correspondence concerning this	s matter to the fol	lowing:			
JEFFREY	P THOMPSON					
	Name of Person		•			
MIAMI EN	VIRONMENTAL & CIVIL ENG	SINEERING, L				
	Firm/Company		•			
12955 BIS	CAYNE BLVD., SUITE 314C					
	Address		•			
NORTH M	IAMI, FL 33181					
•	City/State and Zip Code		•			
MIAMIEN	/IRONMENTAL@GMAIL.COI	М				
E-mail address: (to be used for future annual report notification)						
For further in	aformation concerning this matter, p	olease call:				
JEFFREY	P THOMPSON	786	999-3568			
	Name of Person		Area Code & Daytime Telephone Number			
Regis Divis Clifto 2661	stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
2 \$2	5 Filing Fee	Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Na	ame of the limited liability company: MIAMI ENVI	RONME	NTAL &	CIVIL ENGINEERING, LLC		
2. (a))			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12955 BISCAYNE BLVD., SUITE 314C		12955 E	BISCAYNE BLVD., SUITE 314C		
	NORTH MIAMI, FL 33181		NORTH MIAMI, FL 33181			
	07/21/2015		L150001	24791		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:		
	JEFFREY P THOMPSON					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	900 NE 125TH STREET, SUITE 206			第 =		
	NORTH MIAMI	33161		2011 MAR 27		
				100 R		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			PH 2: 50		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	dress:			
	JEFFREY P THOMPSON			,		
	NEW Registered Office Address:			-		
	12955 BISCAYNE BLVD., SUITE 314C			-		
	NORTH MIAMI , FL	33181		_		
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the operating agreement of the	f the registability co of the lime timited l	stered office ompany, it is ited liability iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.		
	ture of a member or authorized presentative of a member	JEF	FREYP	THOMPSON		
	• •	vaa ta aat	iu thia aan	Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	: pertorm	ance of mv	duties, and I am familiar with and accept		
	- / hourson					
ygnatu	re of Registered Agent					

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00